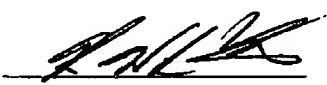


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IN THE UNITED STATES
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PATENT APPLICATION

Applicants: **FRANCO, et al**Case: **SRI/4580-2**Serial No.: **09/967,228**Examiner: **Lao, Tim P.**Filed: **September 28, 2001**Group Art Unit: **2655**Title: **METHOD AND APPARATUS FOR PERFORMING
RELATIONAL SPEECH RECOGNITION**

COMMISSIONER FOR PATENTS

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RESPONSE UNDER 37 C.F.R. § 1.111

This Response addresses the Office Action dated June 7, 2004 (Paper No. 6).

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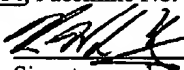
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TO: Commissioner of PatentsFAX NO.: 703-872-9306FROM: Kin-Wah Tong, Esq.DATE: September 7, 2004MATTER: U.S. Serial No.: 09/967,228 filed: September 28, 2001DOCKET NO.: SRI/4580-2APPLICANT: Franco, et al.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

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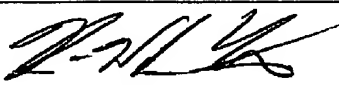
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/967,228	
	Filing Date	September 28, 2001	
	First Named Inventor	Franco, et al.	
	Group Art Unit	2641	
	Examiner Name	Lao, Tim P.	
Total Number of Pages In This Submission		Attorney Docket Number	SRI/4580-2

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (3 sheets) (1 sheet annotated in red ink) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile transmission
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